INDIANA UNIVERSITY
SOUTH BEND

Room/Apartment Change Request Form

Name: _____ **IUSB E-Mail**:_____

IUSB ID #:_____ **Cell Phone Number**: _____

Current/Former Assignment:

Building: _____ Room Type: _____ Single _____ Double _____ Quad

Apartment Number: _____ Bedroom Room Number: _____

New Assignment: **(Office Use Only)**

Building: _____ Room Type: _____ Single _____ Double _____ Quad

Apartment Number: _____ Bedroom Room Number: _____

Please submit addition documentation explaining your reasons for requesting a room/apartment change. Change requests to a specific apartment must be mutual unless otherwise noted via Director/Assistant Director of Housing and Residence Life. Change requests are based on space availability and are in no way guaranteed.

I understand that change requests are approved on a weekly basis. If my change request is approved, I understand that I must properly check out of my present room/apartment within three (3) days. If I fail to do so, I will be charged the daily rate in both apartments, in addition to any other damage fees, key charges, and/or cleaning costs. I understand that I will be charged a $50.00 contract change fee at the time this form is approved. I understand that I will be responsible for any additional costs as a result of a contract change [e.g. moving from a four-bedroom to a two-bedroom suite].

Change requests will be kept on file until the tenth week of the semester. Change requests that are not approved within that time frame will be void. New change requests must be filed for subsequent semester. Residents are permitted one room/apartment change per semester. Residents with encumbrances on their student accounts, including housing charges, are not eligible for room/apartment changes.

Resident Signature: _____ Date: _____

This request for a room/apartment change is _not_ official without a final approval from the Office of Housing and Residence Life. If your request is approved, you will be notified via your IUSB e-mail account with further instructions about completing your room/apartment change.

Office Use Only:

Date Received: _____ Staff Initial: _____ Date Approved: _____ Date Change Completed: _____

Unit Type Change (Y/N) _____ Rate Change (Y/N) _____ Date BEX: _____ Amount BEX: _____